

# THE PARPART CORPORATION APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER



MAIL TO: THE PARPART CORPORATION, 3200 SOUTH 6TH STREET, LINCOLN, NE 68502-4301 • OR FAX TO: 402/423-2618  
**PLEASE INCLUDE A PHOTOCOPY OF YOUR DRIVERS LICENSE.**

## PERSONAL INFORMATION

				<u>DATE</u>
<b>NAME</b>			<b>SOCIAL SECURITY #</b>	
LAST	FIRST	MIDDLE		
<b>ADDRESS</b>				
STREET	CITY	STATE	ZIP	
<b>PHONE</b>		<b>DRIVERS LICENSE</b>		
PRIMARY	ALTERNATE	DL#	STATE	EXPIRATION
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?				YES <input type="checkbox"/> NO <input type="checkbox"/>
ARE YOU 18 YEARS OR OLDER?		YES <input type="checkbox"/> NO <input type="checkbox"/>		

## EMPLOYMENT DESIRED

<b>POSITION</b>	<b>START DATE</b>	<b>SALARY DESIRED</b>
ARE YOU EMPLOYED NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>		
MAY WE CONTACT YOUR EMPLOYER?		YES <input type="checkbox"/> NO <input type="checkbox"/>
EVER APPLIED TO THIS COMPANY BEFORE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	REFERRED BY
ANY MEDICAL CONDITIONS WHICH PREVENT YOU FROM FULLY PERFORMING THE POSITION FOR WHICH YOU ARE APPLYING? YES <input type="checkbox"/> NO <input type="checkbox"/>		

## EDUCATION

	NAME & LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR OTHER SCHOOL				

## GENERAL

**SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK**

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**SPECIAL SKILLS**

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**ACTIVITIES: (CIVIC ATHLETIC ETC.)**  
EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

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<b>US MILITARY OR NAVAL SERVICE</b>	<b>RANK</b>	<b>PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES</b>
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**FORMER EMPLOYERS**

LIST BELOW FOUR MOST RECENT EMPLOYERS, STARTING WITH LAST ONE FIRST.

DATE MO/YR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

**WHICH OF THESE JOBS DID YOU LIKE BEST?****WHAT DID YOU LIKE MOST ABOUT THIS JOB?****REFERENCES**

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

**IN CASE OF  
EMERGENCY NOTIFY**

NAME

ADDRESS

PHONE NUMBER

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE

SIGNATURE

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY

DATE

NOTES

APPEARANCE

ABILITY

HIRED

YES  NO 

POSITION

WAGE

START DATE